

STATE OF NEVADA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER RESOURCES
Carson City, Nevada 89701

APPLICATION FOR WELL DRILLER'S LICENSE

APPLICATIONS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN

1. Applicant's name

Business name

Mailing addressPhone No

*(Person or persons doing business as (dba) firm, copartnership, association or corporation.)

Applicant's mailing addressPhone No.....

2. Type of license for which application is being made:

☐ Water Wells ☐ Monitor Wells ☐ Geothermal Wells ☐ Projects for Federal Government

☐ Other

3. Have you applied for a contractor's license from the State contractor's Board? Yes ☐ No ☐

In accordance with NRS 534.140, Section 7, if you own a drilling rig, you must obtain a Well Drilling Contractor's License (C-23).

4. Describe well drilling equipment you have operated

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.....
.....

5. Name of well drilling rig(s) owned by the applicant

.....
.....
.....

6. REFERENCES: Persons who have personal knowledge of applicant's experience as a water well driller (a minimum of four references must be shown).

Name of Persons Referred to

Employer

Mailing Address and ZIP Code

.....
.....
.....
.....

(Give complete mailing addresses of persons referred to above, including ZIP Code)

7. If applicant is licensed in another state, give name of state, license number, date issued and address of state authority:

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.....

*It is the policy of the Statewide Well Driller's Advisory Board and the State Engineer to issue a license only to an individual.

8. Do you intend to work for a contractor? Yes ☐ No ☐ If yes, give name and address of contractor:

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.....

IMPORTANT: Experience must be complete and must include the following information. Lack of sufficient information may result in rejection of your application. (attach additional sheets if necessary.)

9. EXPERIENCE: **Please be sure to fill out this portion of the application completely.**
(a) Beginning with your most current experience give a complete record of all your employment.
(b) For “your duties” describe completely the kind of work you did and your responsibilities. . Show the number of persons you Supervised. Be sure to state your reason for leaving.

Length of employment
.....
From
 Mo/Day/Yr
To
 Mo/Day/Yr

EmployerCity/State
Your duties in detail
.....
.....
.....

Reason for leavingName of immediate supervisor.....No of wells drilled.....

Length of employment
.....
From
 Mo/Day/Yr
To
 Mo/Day/Yr

EmployerCity/State
Your duties in detail
.....
.....
.....

Reason for leavingName of immediate supervisor.....No of wells drilled.....

Length of employment
.....
From
 Mo/Day/Yr
To
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EmployerCity/State
Your duties in detail
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Reason for leavingName of immediate supervisor.....No of wells drilled.....

Length of employment
.....
From
 Mo/Day/Yr
To
 Mo/Day/Yr

EmployerCity/State
Your duties in detail
.....
.....
.....

Reason for leavingName of immediate supervisor.....No of wells drilled.....

EDUCATION:	Date attended	Circle highest grade completed	Did you graduate
Elementary-High School: Indicate name and location of last school attended:	From:(Yr.)	1 2 3 4	Yes <input type="checkbox"/>
..... Name		5 6 7 8	
..... Address	To: (Yr)	9 10 11 12	No <input type="checkbox"/>

High school equivalent: Successful completion: Yes ☐ No ☐ GED ☐ U.S.A.F. ☐ Other.....☐

Date..... Score

Business or Vocational school:	Dates attended From: (Yr)	Credits earned	List subjects taken on additional sheets
..... Name		Class hours per day	
..... Address	To: (Yr)		Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>
College or University:	Dates attended From: (Yr)	Credits earned	Major..... Minor.....
..... Name		Quarter..... or	Type of degree rec'd AS AA BA BS
..... Address	To: (Yr)	Semester.....	Date Degree Rec'd
Graduate school:	Dates attended From: (Yr)	Credits earned	Major..... Minor.....
..... Name		Quarter..... or	Type of degree rec'd MA MS MSW Ph.D
..... Address	To: (Yr)	Semester.....	

TO THE STATE ENGINEER OF NEVADA:

I hereby make application for a Well Driller's License under the provisions of NRS 534.140 to 534.170, inclusive.

Signed

Subscribed and sworn to before me this day of

....., 20.....

.....

Notary Public in and for the County of

State of

My commission expires, 20.....

\$100.00 FILING FEE MUST ACCOMPANY APPLICATION

To: Applicants for Well Driller's License and License Renewal

Federal Welfare Reform as implemented by Senate Bill 356 passed by the 1997 Session of the Nevada State Legislature requires that professional and occupational licensing agencies add certain requirements regarding child support to all applications for new licenses and for renewals. As a result of Senate Bill 356, professional or occupational licenses, certificates, or permits may be denied or restricted if back child support is owed by the licensee. The Well Drilling License issued by the Division of Water Resources is subject to this new requirement made mandatory by Senate Bill 356.

Every application for an occupational license must include a statement regarding the applicant's child support payment status, and failure to give a response or to sign the statement will cause denial of the application for licensing. If the applicant reports that he or she is not in compliance with a child support order or an approved repayment plan, then the applicant must contact a local district attorney or the Welfare Division to arrange for payment of child support. Senate Bill 356 requires the following **CHILD SUPPORT QUESTIONNAIRE** form to be completed.

Please mark the appropriate response (***FAILURE TO MARK ONE OF THE THREE AND SIGN WILL RESULT IN DENIAL OF THE APPLICATION***)

- _____ I am not subject to a court order for the support of a child.
- _____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- _____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number __ __ __ - __ __ - __ __ __

SIGNATURE OF APPLICANT

DATE